

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Genesis Healthcare Inc PAC

ADDRESS (number and street) ▼

101 EAST STATE STREET

☐ Check if different than previously reported. (ACC)

KENNETT SQUARE

PA

19348

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00292094

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURENCE F LANE

Signature of Treasurer

LAURENCE F LANE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 12 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Genesis Healthcare Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">155436.36</td></tr></table>	155436.36				
Y	Y	Y	Y	Y													
2016																	
155436.36																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">155436.36</td></tr></table>	155436.36															
155436.36																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">50355.61</td></tr></table>	50355.61					<table><tr><td colspan="5">50355.61</td></tr></table>	50355.61									
50355.61																	
50355.61																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">205791.97</td></tr></table>	205791.97					<table><tr><td colspan="5">205791.97</td></tr></table>	205791.97									
205791.97																	
205791.97																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">66665.00</td></tr></table>	66665.00					<table><tr><td colspan="5">66665.00</td></tr></table>	66665.00									
66665.00																	
66665.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">139126.97</td></tr></table>	139126.97					<table><tr><td colspan="5">139126.97</td></tr></table>	139126.97									
139126.97																	
139126.97																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Genesis Healthcare Inc PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20486.53

20486.53

(ii) Unitemized

29869.08

29869.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

50355.61

50355.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

50355.61

50355.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

50355.61

50355.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

50355.61

50355.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	165.00	165.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	165.00	165.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	56000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66665.00	66665.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66665.00	66665.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50355.61	50355.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50355.61	50355.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	165.00	165.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	165.00	165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11Al.79440

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11Al.79441

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11Al.79442

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79443

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID C ALMQUIST

Mailing Address 811 GRANTLEY COURT

City
YORKState
PAZip Code
17403FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79444

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City
BALDWINState
MDZip Code
21013FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.79232

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

492.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
BALDWIN MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.79233

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
BALDWIN MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.79234

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City State Zip Code
BALDWIN MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79235

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAUL BACH

Mailing Address 18 FARM RIDGE COURT

City
BALDWIN

State Zip Code
MD 21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79236

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 21087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.79282

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 21087

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTH VENTURES, INC.

Occupation
DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.79283

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

492.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11Al.79284

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.79285

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFREY BERENBACH

Mailing Address 8007 YELLOWSTONE RD

City
KINGSVILLE

State Zip Code
MD 21087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11Al.79286

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. GARY B BERNETT

Mailing Address 429 COLLEGE AVE

City

HAVERFORD

State

PA

Zip Code

19041

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79742

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID BERTHA

Mailing Address 212 ARDMORE AVENUE

City

HADDONFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

PRESIDENT-GEN HOSPITALITY SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79274

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.79852

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.79853

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.79854

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79855

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD P BLINN

Mailing Address 67 BLOSSOM ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79856

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Bourne

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.80086

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Joseph Bourne

Mailing Address 16 PERRY RIDGE COURT

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-MGD CARE REVENUE DEVELOPMNT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80087

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Julie Britton

Mailing Address 6 DERBY CIRCLE

City State Zip Code
 HORSHAM PA 19044

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79534

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Janice Burnap

Mailing Address 201 OAKCREST DR

City State Zip Code
 WAKE FOREST NC 27587

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 DIRECTOR-RISK MGMT PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80819

Amount of Each Receipt this Period

36.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City State Zip Code
 WILIMINGTON DE 19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-IS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.79467

Amount of Each Receipt this Period

46.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD E CODY

Mailing Address 106 DANFORTH PLACE

City State Zip Code
 WILIMINGTON DE 19810

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-IS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79468

Amount of Each Receipt this Period

46.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Costa

Mailing Address 109 Jillian Way

City State Zip Code
 Westport MA 02790

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.79819

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Michelle Costa

Mailing Address 109 Jillian Way

City State Zip Code
 Westport MA 02790

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-CLINICAL OPERATIONS RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79820

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

146.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 16 OF 90

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Mary Crotty

Mailing Address 6 Munroe Drive

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-QUALITY IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5		2	0	1	6		

Transaction ID : SA11Al.79970

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1		2	0	1	6		

Transaction ID : SA11Al.79247

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KENNETH CULLEROT

Mailing Address 44 TANGLEWOOD DRIVE

City

HENNIKER

State

NH

Zip Code

03242

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5		2	0	1	6		

Transaction ID : SA11Al.79248

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.79633

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF CUNNINGHAM

Mailing Address 831 FOUR STREAMS DRIVE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CENTRAL BUSINESS OFFC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.79634

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.80138

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80139

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80140

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAULA D'AMICO

Mailing Address 12 FLYWAY DRIVE

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80141

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELL

State Zip Code
NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11Al.79412

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELL

State Zip Code
NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.79413

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEITH DAVIS

Mailing Address 33 RICKLAND DRIVE

City
SEWELL

State Zip Code
NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11Al.79414

Amount of Each Receipt this Period

65.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Thomas DePoy

Mailing Address 139 PINNACLE RIDGE

City
RUTLAND

State Zip Code
VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.79939

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas DePoy

Mailing Address 139 PINNACLE RIDGE

City
RUTLAND

State Zip Code
VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11Al.79940

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARK

State Zip Code
DE 19702

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11Al.79526

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARKState
DEZip Code
19702FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79527

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROLYN DIEFENDERFER

Mailing Address 1 DUBB DRIVE

City
NEWARKState
DEZip Code
19702FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-CORPORATE BILLING SYS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79528

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVEState
PAZip Code
19390FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.79708

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

302.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVEState Zip Code
PA 19390FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11Al.79709

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVEState Zip Code
PA 19390FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11Al.79710

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City
WEST GROVEState Zip Code
PA 19390FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11Al.79711

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. THOMAS DIVITTORIO

Mailing Address 20 SHEFFIELD DRIVE

City State Zip Code
 WEST GROVE PA 19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VP & ASST CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79712

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Novaleigh Dodge-Krupa

Mailing Address 162 PLEASANT STREET

City State Zip Code
 READING MA 01867

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS REHAB SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79790

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City State Zip Code
 LANDENBERG PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.80174

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

302.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City State Zip Code
 LANDENBERG PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80175

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City State Zip Code
 LANDENBERG PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80176

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. J. Richard Edwards

Mailing Address 29 SOUTHAMPTON PARISH ROAD

City State Zip Code
 LANDENBERG PA 19350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80177

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.72

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.79745

Amount of Each Receipt this Period

81.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.97

Date of Receipt

02 / 26 / 2016

Transaction ID : SA11AI.79746

Amount of Each Receipt this Period

71.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City

MORGANTOWN

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.22

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.79747

Amount of Each Receipt this Period

71.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

223.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. HOLLY J ESTEL

Mailing Address 2048 PINECREST DRIVE

City State Zip Code
MORGANTOWN WV 26505

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-CLINICAL OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79748

Amount of Each Receipt this Period

92.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sara Farmer

Mailing Address 9035 VILLAGE

City State Zip Code
ALBUQUERQUE NM 87122

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80654

Amount of Each Receipt this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEAN FEICK

Mailing Address 159 MERION LANE

City State Zip Code
READING PA 19607

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79267

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

179.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DEAN FEICK

Mailing Address 159 MERION LANE

City
READINGState
PAZip Code
19607FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	6

Transaction ID : SA11AI.79268

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City
GOSHENState
KYZip Code
40026FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	6

Transaction ID : SA11AI.80732

Amount of Each Receipt this Period

86.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City
GOSHENState
KYZip Code
40026FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	6

Transaction ID : SA11AI.80733

Amount of Each Receipt this Period

71.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

207.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code
 GOSHEN KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80734

Amount of Each Receipt this Period

81.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Grady

Mailing Address 1311 OLD TAYLOR TRAIL

City State Zip Code
 GOSHEN KY 40026

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80735

Amount of Each Receipt this Period

71.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DENNIS GREGORY

Mailing Address 17 ONEIDA COURT

City State Zip Code
 CHESTER SPRINGS PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79304

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City	State	Zip Code
HARLEYSVILLE	PA	19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.80328

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL P GUGLIELMO

Mailing Address 1503 STALEY CIRCLE

City	State	Zip Code
HARLEYSVILLE	PA	19438

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-STRATEGIC STAFFING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80329

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY L HADDON

Mailing Address 312 LEE ROAD

City	State	Zip Code
FOLLANSBEE	WV	26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.79367

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
 FOLLANSBEE WV 26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11Al.79368

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
 FOLLANSBEE WV 26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11Al.79369

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY L HADDON

Mailing Address 312 LEE ROAD

City State Zip Code
 FOLLANSBEE WV 26037

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11Al.79370

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Robert Harris

Mailing Address 56 Covington Drive

City State Zip Code
 Shrewsbury PA 17361

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Genesis HealthCare Corp

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.80000

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Hauswald

Mailing Address 131 W. SPRINGFIELD AVE

City State Zip Code
 PHILADELPHIA PA 19118

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 SVP STRATEGIC DEVELOP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79796

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City State Zip Code
 DAVIDSONVILLE MD 21035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTH VENTURES, INC.

Occupation
 DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79889

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City State Zip Code
 DAVIDSONVILLE MD 21035

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.79890

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City State Zip Code
 DAVIDSONVILLE MD 21035

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.79891

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KATHRYN HEFLIN

Mailing Address 497 WINDING CREEK COURT

City State Zip Code
 DAVIDSONVILLE MD 21035

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79892

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.80277

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.80278

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City State Zip Code
TIMONIUM MD 21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.80279

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.80280

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DANIEL A HIRSCHFELD

Mailing Address 1 SUNSET KNOLL COURT

City

TIMONIUM

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80281

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City

LEXINGTON

State

NC

Zip Code

27292

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.80708

Amount of Each Receipt this Period

92.65

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

392.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 27292

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.80709

Amount of Each Receipt this Period

75.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 27292

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.80710

Amount of Each Receipt this Period

69.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darin Hopping

Mailing Address 130 FOXGLOVE LN

City
LEXINGTON

State Zip Code
NC 27292

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80711

Amount of Each Receipt this Period

69.74

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Shannon Kellogg

Mailing Address 1454 MARION CARDINGTON RD E

City State Zip Code
 MARION OH 43302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 ADMINISTRATOR-SR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.80522

Amount of Each Receipt this Period

37.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City State Zip Code
 THORNTON PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.79220

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City State Zip Code
 THORNTON PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79221

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

337.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTON

State Zip Code
PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.79222

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTON

State Zip Code
PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79223

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTER J KIELAR

Mailing Address 12 BLANTYRE CIR

City
THORNTON

State Zip Code
PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79224

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11Al.79703

Amount of Each Receipt this Period

68.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11Al.79704

Amount of Each Receipt this Period

68.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trevor Kinney

Mailing Address 825 SWAMP RD.

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

341.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.79705

Amount of Each Receipt this Period

67.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

205.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Trevor Kinney

Mailing Address 825 SWAMP RD.

City State Zip Code
COVENTRY CT 06238

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11Al.79706

Amount of Each Receipt this Period

68.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City State Zip Code
THORNTON PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11Al.79669

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Anne Kurowski

Mailing Address 18 MEMEL DRIVE

City State Zip Code
THORNTON PA 19373

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SN ALF SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11Al.79670

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

168.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUA

State
NH

Zip Code
03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.79823

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUA

State
NH

Zip Code
03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 26 / 2016

Transaction ID : SA11AI.79824

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUA

State
NH

Zip Code
03062

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.79825

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 41 OF 90
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WENDY LABATE

Mailing Address 36 MACDONALD DRIVE

City
NASHUAState
NHZip Code
03062FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CLINICAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79826

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City
WAYNEState
PAZip Code
19087FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79973

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City
WAYNEState
PAZip Code
19087FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.79974

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.79975

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURENCE F LANE

Mailing Address 1616 STEPHENS DRIVE

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP GOVERNMENT RELATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.79976

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.80170

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 43 OF 90
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOHN F LOOME

Mailing Address 3523 RUNNYMEDE PLACE,NW

City	State	Zip Code
WASHINGTON	DC	20015

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SENIOR MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80171

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City	State	Zip Code
LINCOLN UNIVERSITY	PA	19352-1225

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79401

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DONALEE A LOUX

Mailing Address 118 SCOTTS GLEN ROAD

City	State	Zip Code
LINCOLN UNIVERSITY	PA	19352-1225

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS APPL RPTG SOLUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79402

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MAUREEN G MALEY

Mailing Address 271 BROOK FARMS ROAD

City State Zip Code
 LANCASTER PA 17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79601

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code
 OAKLAND MD 21550

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.79342

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code
 OAKLAND MD 21550

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79343

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code
OAKLAND MD 21550

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.79344

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code
OAKLAND MD 21550

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79345

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH MASON

Mailing Address 667 MOUNTAIN VIEW DRIVE

City State Zip Code
OAKLAND MD 21550

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS HEALTHCARE CORPORATION

Occupation
VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79346

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City	State	Zip Code
BOISE	ID	83713

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

Transaction ID : SA11AI.80770

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kay Matheson

Mailing Address 14560 W KENSINGTON CT

City	State	Zip Code
BOISE	ID	83713

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-REGIONAL SALES-MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.80771

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

Transaction ID : SA11AI.79241

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LOIS MCCASKEY

Mailing Address 602 S. CONCORD ROAD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR LABOR MGMT

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3						2	5				

Transaction ID : SA11AI.79242

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angela McCord

Mailing Address 1616 QUAIL MEADOWS DRIVE

City

LANCASTER

State

OH

Zip Code

43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3						2	5				

Transaction ID : SA11AI.80705

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAURA T MCGINTY

Mailing Address 327 SOUTH VILLAGE LANE

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-PROFESSIONAL SV

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3						2	5				

Transaction ID : SA11AI.79408

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. John McKenna

Mailing Address 1008 STANSELL DR

City

MIDWEST CITY

State

OK

Zip Code

73110

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

MANAGER-INFORMATION SVS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80741

Amount of Each Receipt this Period

38.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City

LOS ANGELES

State

CA

Zip Code

90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : SA11AI.80497

Amount of Each Receipt this Period

59.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Meyer

Mailing Address 4041 VIA MARISOL
APT 102

City

LOS ANGELES

State

CA

Zip Code

90042

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.80498

Amount of Each Receipt this Period

54.80

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

152.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 90

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Peter MiddlemassMailing Address 4 GOLDEN BROOK ROAD
P.O. BOX 955

City	State	Zip Code
WINDHAM	NH	03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80467

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City	State	Zip Code
AUDUBON	PA	19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.80214

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH MONTGOMERY

Mailing Address 2701 BALD EAGLE CIRCLE

City	State	Zip Code
AUDUBON	PA	19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-INFORMATION SYSTEMS 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80215

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code
WESLEY CHAPEL FL 33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.80714

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code
WESLEY CHAPEL FL 33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 26 / 2016

Transaction ID : SA11AI.80715

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City State Zip Code
WESLEY CHAPEL FL 33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.80716

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Kevin Mulford

Mailing Address 2454 ROSEHAVEN DRIVE

City	State	Zip Code
WESLEY CHAPEL	FL	33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80717

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

City	State	Zip Code
AMESBURY	MA	01913

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79915

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREN F MURRAY

Mailing Address 440 MAIN STREET

City	State	Zip Code
AMESBURY	MA	01913

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79916

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 52 OF 90

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Cynthia Myers

Mailing Address 3588 CAVE CREEK MANOR

City	State	Zip Code
LAS CRUCES	NM	88011

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.80777

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City	State	Zip Code
PHOENIX	MD	21131

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2016

Transaction ID : SA11AI.79783

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEITH NAUSE

Mailing Address 5 COOPERSTOWN COURT

City	State	Zip Code
PHOENIX	MD	21131

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP & REGIONAL CONTROLLER

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.79784

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ARTHUR L O'LEARY

Mailing Address 79 BROAD STREET

City	State	Zip Code
HOLLIS	NH	03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79772

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.80241

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.80242

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.80243

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.80244

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JEANNE PHILLIPS

Mailing Address 1816 LENAPE -UNIONVILLE RD

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80245

Amount of Each Receipt this Period

175.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79957

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN C RALEY

Mailing Address 3810 DONERIN WAY

City
PHOENIXState Zip Code
MD 21131FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-AREA HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79958

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City
AVONState Zip Code
CT 06001FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.80366

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. RICHARD JAY RASKIN

Mailing Address 156 REVERKNOLLS

City State Zip Code
 AVON CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-REGIONAL MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80367

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Reese

Mailing Address 7597 S OLD FARM LANE

City State Zip Code
 MERIDIAN ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80783

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
 REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.80445

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
 REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.80446

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
 REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80447

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JoAnne Reifsnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
 REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80448

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JoAnne Reifsnnyder

Mailing Address 119 LONDON CIRCLE SOUTH

City State Zip Code
 REHOBOTH BEACH DE 19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-CLINICAL OPS CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80449

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.79196

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79197

Amount of Each Receipt this Period

192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

534.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.79198

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.79199

Amount of Each Receipt this Period

192.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT A REITZ

Mailing Address 13005 JEROME JAY DRIVE

City State Zip Code
 COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VP AND COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79200

Amount of Each Receipt this Period

192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City State Zip Code
 YORK PA 17403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80333

Amount of Each Receipt this Period

63.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City State Zip Code
 YORK PA 17403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80334

Amount of Each Receipt this Period

63.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL ROHRBAUGH

Mailing Address 1749 PRESCOTT ROAD

City State Zip Code
 YORK PA 17403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENESIS HEALTHCARE CORPORATION

Occupation
 VP-AREA SALES & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80335

Amount of Each Receipt this Period

63.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. David Ross

Mailing Address 781 BRENT ST

City State Zip Code
 MANCHESTER NH 03103

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.80486

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City State Zip Code
 TOWSON MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.79554

Amount of Each Receipt this Period

109.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City State Zip Code
 TOWSON MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79555

Amount of Each Receipt this Period

106.27

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSON

State Zip Code
MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.79556

Amount of Each Receipt this Period

97.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSON

State Zip Code
MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.47

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79557

Amount of Each Receipt this Period

125.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN ROTHWELL

Mailing Address 8 GOUCHER WOODS COURT

City
TOWSON

State Zip Code
MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VICE PRESIDENT-CENTERS GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79558

Amount of Each Receipt this Period

102.69

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Teresa Salamon

Mailing Address 50 ALLYSSA DRIVE

City
MEDIA

State Zip Code
PA 19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

COUNSEL-DEPUTY GNRL HLTHCR REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80413

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTEN SANTANGELO

Mailing Address 108 KNITTLE ROAD

City
KUTZTOWN

State Zip Code
PA 19530

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80027

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN V SAVO

Mailing Address 535 UPPER WEADLEY ROAD

City
STRAFFORD

State Zip Code
PA 19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-CONTROLLER SHARED ACCT SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80111

Amount of Each Receipt this Period

37.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 04 / 2016

Transaction ID : SA11AI.79805

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.79806

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

03 / 18 / 2016

Transaction ID : SA11AI.79807

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. IRA M SCHOENBERGER

Mailing Address 33 WOODSIDE CIRCLE

City	State	Zip Code
STURBRIDGE	MA	01566

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-ELDERCARE CENTERS REG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79808

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Norman Schueftan

Mailing Address 380 Radford Court

City	State	Zip Code
Glen Mills	PA	19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.80182

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Norman Schueftan

Mailing Address 380 Radford Court

City	State	Zip Code
Glen Mills	PA	19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80183

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City State Zip Code
 AMBLER PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.80295

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City State Zip Code
 AMBLER PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.80296

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City State Zip Code
 AMBLER PA 19002

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80297

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.80298

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL S. SHERMAN

Mailing Address 1379 BRYANT COURT

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP-GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.80299

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.80262

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. KEN SILVERWOOD

Mailing Address 1520 GENERALS WAY

City

WEST CHESTER

State

PA

Zip Code

19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-INTERNAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.80263

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 29 / 2016

Transaction ID : SA11AI.80047

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City

KENNETT SQUARE

State

PA

Zip Code

19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.80048

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.80049

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.80050

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lou Ann Soika

Mailing Address 65 DEER PATH ROAD

City State Zip Code
 KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SVP-CUSTOMER RLTN STRATEGICDEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.80051

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM E STURGIS

Mailing Address 204 HARVARD AVENUE
BOX 656

City State Zip Code
MOUNT GRETTA PA 17064

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-FINANCIAL ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79432

Amount of Each Receipt this Period

37.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79503

Amount of Each Receipt this Period

48.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Tabak

Mailing Address 105 MARLBROOKE WAY

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

SR VP ADMIN AND GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79504

Amount of Each Receipt this Period

48.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code
 WINDHAM NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.79900

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code
 WINDHAM NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.79901

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City State Zip Code
 WINDHAM NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.79902

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City
WINDHAM

State Zip Code
NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79903

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond Thivierge

Mailing Address 9 HERITAGE HILL ROAD

City
WINDHAM

State Zip Code
NH 03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79904

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM JOSEPH TIAN

Mailing Address 6807 REAL PRINCESS LANE

City
BALTIMORE

State Zip Code
MD 21207

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

DIRECTOR-SR AREA FOOD AND NUTR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80355

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. William Timm

Mailing Address 1059 MAHLON DRIVE

City
LEESPORT

State Zip Code
PA 19533

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79850

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERRY VALENTINE

Mailing Address 3675 MANDOLIN DRIVE

City
HAMPSTEAD

State Zip Code
MD 21074

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTH VENTURES, INC.

Occupation

DIRECTOR-HOSPITALITY SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79352

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sunil Verma

Mailing Address 60 LINDSAY LANE

City
CRANSTON

State Zip Code
RI 02921

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGIONAL MEDICAL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.80419

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.80639

Amount of Each Receipt this Period

82.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.80640

Amount of Each Receipt this Period

101.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILL

State Zip Code
TN 37174

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.80641

Amount of Each Receipt this Period

77.54

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Sharon Warren

Mailing Address 3936 KEDRON ROAD

City
SPRING HILLState Zip Code
TN 37174FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-SR CENTERS OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.80642

Amount of Each Receipt this Period

83.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City
DOWNTOWNState Zip Code
PA 19335FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.79727

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City
DOWNTOWNState Zip Code
PA 19335FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.79728

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

233.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City State Zip Code
 DOWNINGTOWN PA 19335

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.79729

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOSEPH W WILKS

Mailing Address 101 KINSTON LN

City State Zip Code
 DOWNINGTOWN PA 19335

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION VP AND AREA CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.79730

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Donald Wilson

Mailing Address 1082 VILLITA LOOP

City State Zip Code
 LAS CRUCES NM 88007

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 GENESIS HEALTHCARE CORPORATION ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.80583

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JOANNE M WISELY

Mailing Address 118 DEEPDALE ROAD

City	State	Zip Code
WAYNE	PA	19087

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-REGULATORY ADM COMPL GRS RH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79646

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DONNA WIXTED

Mailing Address 1108 KENT LANE

City	State	Zip Code
PHILADELPHIA	PA	19115

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.79205

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DONNA WIXTED

Mailing Address 1108 KENT LANE

City	State	Zip Code
PHILADELPHIA	PA	19115

FEC ID number of contributing federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP -FOOD AND NUTRIONAL SVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.79206

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Patricia Worhunsky-Quinn

Mailing Address 45 Prospect Street

City

Terryville

State

CT

Zip Code

06786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79540

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.79606

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEPHEN S YOUNG

Mailing Address 807 MERRIMAC LANE
PO BOX 766

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE CORPORATION

Occupation

VP-ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.79607

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

20486.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. Genesis Healthcare Inc PAC

Mailing Address 101 EAST STATE STREET

City	State	Zip Code
KENNETT SQUARE	PA	19348

Purpose of Disbursement
transfer to State PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : SB22.80922

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. CHARLIE DENT FOR CONGRESS

Mailing Address 1217 Delafield Place, NW

City	State	Zip Code
Washington	DC	20011

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 15

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Transaction ID : SB23.80877

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR BOYLE

Mailing Address 499 South Capitol Street, SW

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 13

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : SB23.80913

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. friends of chris stewart

Mailing Address 1217 Delafield Place , NW

City	State	Zip Code
Washington	DC	20011

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: UT District: 02

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2016

Transaction ID : SB23.80865

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON

Mailing Address P.O. Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : SB23.80920

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF KELLY AYOTTE

Mailing Address 499 South Capitol Street, SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SB23.80893

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 937

City	State	Zip Code
MANCHESTER	NH	03105

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 00

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SB23.80909

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH	State OH	Zip Code 44281
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 16

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : SB23.80918

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KASICH FOR AMERICA

Mailing Address PO BOX 06590

City COLUMBUS	State OH	Zip Code 43216
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
State:	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : SB23.80871

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince Street, #5

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NJ	District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : SB23.80873

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SB23.80895

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LOU BARLETTA FOR CONGRESS

Mailing Address 217 3rd Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 11

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

Transaction ID : SB23.80875

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARINO FOR CONGRESS

Mailing Address 1533 Johnny's Way

City	State	Zip Code
West Chester	PA	19382

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 10

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : SB23.80881

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NM	District: 00

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SB23.80891

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meehan for Congress

Mailing Address P.O. Box 308

City	State	Zip Code
DREXEL HILL	PA	19026

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SB23.80885

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meehan for Congress

Mailing Address P.O. Box 308

City	State	Zip Code
DREXEL HILL	PA	19026

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: PA	District: 07

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Transaction ID : SB23.80906

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SB23.80883

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEW JERSEY GOP

Mailing Address 150 West Street, Suite 230

City	State	Zip Code
Trenton	NJ	08608

Purpose of Disbursement
Event for State Leadership

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : SB23.80907

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Orrin PAC

Mailing Address 580 South 32nd Street, NW

City	State	Zip Code
Washington	DC	20015

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2016

Transaction ID : SB23.80911

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. pascrell for congress

Mailing Address P.O. Box 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2016

Transaction ID : SB23.80853

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLIQUIN FOR CONGRESS

Mailing Address 499 South Capitol Street, SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SB23.80889

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2016

Transaction ID : SB23.80915

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. ROB PORTMAN FOR SENATE

Mailing Address 1111 19th Street, NM, Suite 1100

City	State	Zip Code
Washington	DE	20036

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Transaction ID : SB23.80898

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RYAN COSTELLO FOR CONGRESS

Mailing Address 402 S. Capitol Street

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2016

Transaction ID : SB23.80856

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 426 C Street, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SB23.80900

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City	State	Zip Code
Phoenix	AZ	85064

Purpose of Disbursement
non federal

011

Candidate Name

Senate Majority FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : SB23.80867

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address 67 Rodak Circle

City	State	Zip Code
Edison	NJ	08817

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

Transaction ID : SB23.80879

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2016

Transaction ID : SB23.80858

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB23.80869

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

56000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genesis Healthcare Inc PAC

Full Name (Last, First, Middle Initial)

A. COMMON SENSE VALUES

Mailing Address 3368 W. 35th Street

City
DENVERState
COZip Code
80211Purpose of Disbursement
CO State contribution - not Federal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SB29.80924

Amount of Each Disbursement this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

500.00
